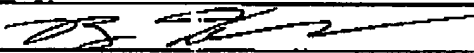



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0001/PTO Rev. 10/85		U.S. Department of Commerce Patent and Trademark Office	
TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	N/A
		Filing Date	N/A
		First Named Inventor	N/A
		Examiner	
		Group Art Unit	
Total Number of Pages in This Submission		Attorney Docket Number	61133-01000

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SH/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input checked="" type="checkbox"/> Request to Withdraw as Attorney or Agent in Patent Nos. 10/136,752 11/056,379 10/301,404 60/691,388 10/742,296 11/261,333 10/786,325 11/283,417 10/923,604 10/942,285 10/997,766
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Brian M. Hoffman, Reg. No. 39,713	Dated:	March 14, 2006 APRIL 4, 2006

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:			
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Facsimile Number:	(571) 273-8300		

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/786,325
Filing Date	February 24, 2004
First Named Inventor	Robert A. Costa
Examiner Name	Not Yet Known
Art Unit	2621
Attorney Docket No.	61133-08657

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Andrus, Sceales, Starke & Sawall c/o Joseph D. Kuborn, Esq.					
Address	100 East Wisconsin Ave., Suite 1100					
Address						
City	Milwaukee	State	WI	Zip	53202	
Country	United States					
Telephone			Fax			

- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record,
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☐ the attorneys/agents associated with Customer Number _____
- on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Brian M. Hoffman, Reg. No. 39,713
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Signature	
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Date	April 4, 2006
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NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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61133/01000/SF/5165977.1